EXHIBIT D

FORM 95 TORT CLAIMS

CLAIM FOR DAMAGE, INJURY, OR DEATH	prested on both	By the instructions on the re sides of this form. Use addi- nal instructions.	FORM APPROROVES OMB NO. 1105-0008 EXPIRES 5-31-05			
1. Submit To Appropriate Federal Agency: Dept. of Health & Huma Claims Branch, PSC/AOS Room 5C - 10, Parklawn 56 Fishers Lane Rockville, MD 20857	/DAM		guardians, Sadia B attorneys Pegalis	orse) (Number fire an infant by h egum and Hoham & Erickson, LL MY 11042. Th	et city State and Zip Cou is parents and natu- med Uddin, by their C, 1 Bollow Lane, St e clients reside at	
	OF BIRTH S. MARITAL S	CONT. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO	DATE AND DAY OF ACCIDE	NT 7. TIME (LM. QR P.M)	
8. Basis of Claim (State in detail the know place of occurrence and the cause thereof) (Sadia Begum, the in:	m facts and circumstances at Use additional pages (f necessar)	y.)		fying persons an		
Clinic at Bronx Lebs	anon Hospital, 16	5 Grand C	oncourse, Bronx,	New York	10457. The in	
9.	PROFERCY DA	MACE				
NAME AND ADDRESS OF OWNER, IF OTH	221023	B1 7 10 88	ue, and Zip Code)			
Not applicable. 10. STATE NATURE AND EXTENT OF EACH NAME OF INJURED PERSON OR DECEDE rendered to this infant and brain injury which was evid and 10 minutes. The infant central nervous system dama intellectually. Se will re	As a result of the his obstetrical mother, enced by a failure to be has been confined to a ge and will never be abl	H, WHICH FOR negligence a this infant eathe at the hospital faci e to meet any	MS THE RASS OF THE CLAS and medical malpractice classant was caused to time of birth and Appar lity since his birth an of his milestones phys	concerning the sustain severe scores of 0/0 d has mustaine inally, emotio	care and treatment and significant and /3 respectively at d severe and signifi- nally, socially, an	
11.	WIINESS	SES .				
NAME Haria Emerson, M.D., Lawrence Ham, M.D., Trus Amarante, M.D., Dara Forester, M.D., Hauricle Silva, M.D. and all others who were present in the labor and delivery room concerning the birth of this infant,			ADDRESS(Number sweet cin, State and Zip Code) Bronx Lebanon Hospital 1650 Grand Concourse Bronx, NY 10457			
12. (See instructions on rowerse)	AMOUNT OF C			- 11:01		
Not applicable.	\$100,000,000	50000			12d. TOTAL (Failure to specify may cause for festure of your rights.) \$100,000,000	
I CERTIFY THAT THE AMOUNT OF CL ACCEPT SAID AMOUNT IN FULL SATE	SFACTION AND FINAL SETT		THIS CLAIM			
CIVIL PENALTY FOR THE CHARMAN TO SEE MAN THE CIVIL PENALTY FOR FRAUDULEN The claument shall for fest and pay to the Unard not more than \$10,000, plus 3 times the ar	H FRESHNING T CLAIM Hod States the sam of pet less the	ın \$5,000 lm		NG FALSE STAT: re years and shall be	EMENTS subject to a fine of not le	

Previous editions not usable

United States, (See 31 U.S.C. 3729.)

NSN 7540-00-634-4646

S1 ANDARD FORM 95 (Rev. 7-85) PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

sustained by the United States. (See 18 U.S.C.A. 287.)

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Am. 5 U.S.C 552n(c)(3). and concerns the selections requested in the letter to which this Netice is attached. A. Authority. The requested information is soluted pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. Principal Purpose: The information projected is to be used in evaluating clause. C. Routine Use: See the Notices of Systems of Records for the agency to whom you are solveniting this form for this information.
- D. Effect of Fathers to Respond: Disclosure in Voluntary. However, fathers to supply the requested information or to execute the form may reader year claim "invalid".

INSTRUCTIONS

AGENCY RECEIVES FIRM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

Any instructions or information accessary in the preparation of your claim will be furnished, upon request, by the office indicated in term \$1 on the reverse side. Complete regulations pertaining to claims awened under the Federal Tort Claims Art can be found in Tatie 18, Code of Federal Regulatives, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim truy be filed by a duly authorized agent or other legal representative, provided evidative satisfactory to the Government is solumited with said claim establishing express authority to act for the claimant. A claim presented by an agent or logal representative most be presented in the name of the element. If the claim is augmed by the agent or legal rejumentative, it must show the talk or legal capacity of the person agricing and be accompanied by evidence of his/her authority to present a claim on behalf of the cournant as agent, executer, atmanastrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both most be shown in som #12 of this form.

The amount classed should be substantiated by competent evidence as follows: (a) In support of the claim for personal growy or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the dogree of permanent disability, if any, the programs, and the period of hospitalization, or mespeciation, attaching immuned bills for medical, hospital, or humal expenses actually incurred.

Complete all Hems - linear the word NONE where applicable
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL PROPERTY, PERSONAL DIRLRY, OR DEATH ALLEGED TO HAVE OCCURRED BY KLASON OF THE INCIDENT, THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM

- (b) In support of claims for damage to property which has been or can be economically repaired, the classace alwayld submit at least two sensors agreed statements or estimates by reliable, discoursested concerns, or, if payment has been made, the comized signed receipts evidencing payment.
- (c) In support of clasms for dartage to property which is not economically repairable. or if the property is lost or destroyed, the classical should submit statements as to the onginal cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by distributed competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive hidders, and should be certified as bring, just and correct.
- (d) Failure to completely execute this form of to supply the requested institual within two years from the date the allegations acrosed may reader your claim "invalid". A class: is dressed presented when it is received by the appropriate agency, not when. d at marked.

Parlure to specify a sum certain will result in invalid preparation of your claim And may result in forfeiture of your rights

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing ; data species, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch

Civil Division

U.S. Department of Justice

Washington, DC 20530

and to the

Office of Maragement and Budget

Paperwork Reduction Project (1105-0008)

Washington DC 20503

INSURANCE COVERAGE

In order that subroyation claims be adjudented, it is essential that the charmon provide the following information regarding the insurance coverage of his vehicle or property.

Do you carry accident itsurance? Yes, if yes give name and address of innurance company (Number, street, city, State, and Zip Code) and policy member.

Named Insured: Sadia Begum

Medicaid ID No.: TB55119B

Card No.:

600486 8812 2551 193 02

16. Have you first class on your electricic carner in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your connect taken or proposes to late with reference to your claim? (If it security, that you coveries there facts)

15 Do you carry poblic liability and property damage insurance?

Yes, If yes, give name and address of minimize carrier (Number, street, city, State, and Zip Code)

RIDER FOR CHILD - SHAFAYETTE SAKIF

6. Date and Day of Accident

During a continuous course of treatment during the prenatal course, labor, delivery, perinatal, neonatal and pediatric care of this infant who was born on 4/13/04.

7. Time

At all such times of day when care and treatment was rendered to the infant and his obstetrical mother by Bronx Lebanon Hospital personnel.

8. Basis of Claim

There was a failure on the part of medical care providers who were treating the obstetrical mother during the prenatal course to appropriately diagnose and treat elevated maternal glucose levels. There was a failure to assess fetal size: there was a failure to have a plan and scheme of management; there was a failure to appropriately treat gram positive beta strep; there was a failure to have appropriate personnel with appropriate training and qualifications to treat and care for the mother and infant during the prenatal labor, delivery and postnatal care; there was a failure to timely admit the patient upon her presentation to the hospital; there was a failure to appropriately assess fetal wellbeing; there was a failure to appreciate fetal heart decelerations; there was a failure to appropriately ascertain the location of the umbilical cord; there was a failure to appropriately and timely monitor the mother during this labor; there was a failure to have a qualified obstetrician present at the delivery; there was a failure to have an attending present ast the delivery; there was a failure to appreciate and treat a shoulder dystocia; there was a failure to timely and appropriately perform a cesarean section; there was failure to timely and appropriately perform an episiotomy; those delivering the infant negligently and carelessly allowed, caused and permitted this labor to continue and allowed, caused and permitted the infant to become stuck in the birth canal; there was a failure to oxygenate the infant; there was a failure to have appropriate personnel present to treat the baby upon its delivery; there was an inappropriate traumatic delivery of this infant; this infant was allowed, caused and permitted to suffer hypoxia and anoxia; delivering physicians allowed, caused and permitted the cord to become entrapped; there was a failure to

appreciate a nuchal cord; there was a failure to reduce a nuchal cord; there was inappropriate maneuvers to deliver this infant; there was a failure to appropriately perform a McRoberts and/or Woods Maneuver; there was a failure to appropriately position the patient; there was a failure to appropriately apply suprapubic pressure; there was a failure to appreciate a 5 minute deceleration of the fetal heart beat prior to delivery to 70 beats per minutes and there was a failure to appropriately appreciate a repeated 5 minute deceleration down to 50 beats per minute and there was a failure to appreciate a low fetal heart rate of 90 beats per minute for a prolonged period of time. There was a failure to have a pediatrician and meonatologist present in the delivery room to appropriately intubate and resuscitate this infant. Those involved with the labor and delivery of this infant include the following: Maria Emerson, M.D., Lawrence Ham, M.D., Iris Amarante, M.D., Dara Forester, M.D., Mauricio Silva, M.D. and others whose names appear in the medical records for these patients and who identities are unknown to the claimant at this time. Claimant anticipates further details will be discovered regarding the negligent care and treatment rendered to this obstetrical mother and this infant claimant upon appropriate discovery. Claimant also maintains that all treatment was without an informed consent.

supply information			Please read carefully the instructions on the roverse side and no requested on both sides of this form. Use additional sheet(s) if everse side for additional instructions.			FORM APPROROVED OMB NO. 1105-0008 EXPIRES 5-31-05		
i Schmit To Appropriate Federal Agency Dept. of Health & Human Services Claims Branch, PSC/AOS/DAM Room 5C - 10, Parklawn Building 56 Fishers Lane Rockville, MD 20857				2. Name, Address of classical and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city. State and Zip Code.) Sadia Regum. by her attorneys Pegalis & Erick. LLC, 1 Hollow Lane, Suite 107, Lake Success, 11042. The client resides at 1761 E. Byrne Avenue, Apt. 4C, Bronx, NY 10457-6915.				
		E OF BIRTH S MARITA	LSTATUS S	DATE AND D	AY OF ACCIDENT		(.M. OR P.M) See Rider	
	s of Chim (Nate in detail the known of occurrence and the coase thereof) (Sadia Begum receive Lebanon Hospital an Concourse, Bronx, N	on facts and dircumstance. Use additional pages if neces d prenatal and o d the Obstetric	obstetrica al Departi	al care the	nrough the C	B/GYN C	linic at Bronx	
9.		PROPERTY	DAMAGE					
	Not applicable. LY DESCRIBE THE PROPERTY, NA LOSS on reverse ade; Not applicable.	TURE AND EXTENT OF D	AMAGE AND TH	IE LOCATION V	WHERE PROPERTY	MAY HE INS	PECTED. (See	
	NATURE AND EXTENT OF EACH OF INTURED PERSON OR DECEDE See Rider.				IS OF THE CLAIM. I	FOTHER TE	AN CLAIMANT, STATE	
11.		WITN	ESSES		_			
	NAME			ADDRESS/	Number, street, city: \$0	inte, and Zip ((ode)	
Maria Emerson, M.D., Lawrence Ham, M.D., Iris Amarante, M.D., Dara Forester, M.D., Hauricie Silva, M.D. and all others who were present in the labor and delivery room concerning the birth of this infant,		Bronx, NY 10457						
	ROPERTY DAMAGE	AMOUNT OF	AMOUNT OF CLAIM in dolla		WRONGFUL DEATH		12d. TOTAL (False to specify may	
140 TROTER I HOMEOG		ies. Praesoning and at	T. Sandring and M.		- HAUTOLUL DEATH		cause for festure of your rights.)	
	Not applicable.	\$20,000,00	00.00	00		\$20	\$20,000,000.00	
	TIFY THAT THE AMOUNT OF CL					NT ABOVE	AND AGREE TO	
	PT SAID AMOUNT IN FULL SATE GNATURE OF CLAIMANT /See tasts	MS-T SADI	05011	NI.	13b. Phone number		14. DATE OF CLAIM	
20	CIVIL PENALTY FO FRAUDULEN				ALM OR MAKING		FRAUDULENT 7/05	

Unuted States. (See 31 U.S.C. 3729.) NSN 7540-46-634-4046 95-108

Previous editions not usuble

FRAUDULENT CLAIM The clamont shall furfait and pay to the United States the sum of not less than \$5,000

and not more than \$10,000, plus 3 times the amount of damages sustained by the

sustained by the United States. (See 18 U.S.C.A. 287.)
STANDARD FORM 95 (Rev. 7-85) PRESCRIBED BY DEPT. OF JUSTICE

than \$5,000 and not more than \$10,000, plus 3 times the amount of damages.

28 CFR 14.2

Imprisonment for not more than five years and shall be subject to a fine of not less

PRIVACY ACT NOTICE

This Notice is prevailed in accordance with the Privacy Act, 5 U.S.C 552a(e)(3), and concerns the information requested in the latter to which this Notice is attached. A. Awkeniy: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Pranayal Purpose: The information requested is to be used in evaluating claims. C. Routine Use: See the Notices of Systems of Records for the sucrey to whom you are submitting this form for this information.

D. Ege. t of Fashers to Respond Disclosure a voluntary. However, fasher to supply the requested information or to execute the form may rander your claim "movaled"

INSTRUCTIONS

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 93 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SITM CERTAIN FOR INJURY TO OR LUSS OF

Any matriciners or information necessary in the preparation of your claim will be furturied, gross request, by the office indicated in stem #1 on the reverse aids. Complete regulations pertaining to claims asserted under the Federal Tori Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental registmons also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or, other legal representative, provided evidence satisfactory to the Government is submitted with said claim on a bishing express authority to set for the clasmars. A claim presented by an agent or logal representative must be presented in the partie of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accomparated by evidence of his/her authority to present a classic on behalf of the classical as agent, executor, administrator, parent, grandian or other representative

If clause it untends to file class, for both personal argury and geopeny damage, charm for both must be shown in stees #12 of this form.

The amount claimed should be substantiated by economic evidence as follows: (a) In support of the class for personal usury or death, the classram should submit a written report by the attenuing physician, showing the nature and estion of injury, the nature and extens of treatment, the degree of permanent disability, if any, the prognosis, and the period of hourstalidation, or measuritation, attactung itemized tells for medical, hospital, or burnal expenses actually incurred

Complete all items - favor the word NONE where applicable

ED WHEN A FEDERAL. PROPERTY, PERSONAL INJURY, OR DEATH AJ LEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT, THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

> (b) In support of claims for durings to property which his been or can be econorgically repaired, the claimant should submit at least two pergaped uigned statements of evanuates by reliable, desorterested conjectus, 44, if payment has been made, the itemated sepred receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, of if the property is lost or destroyed, the classical should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such standments should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely seecute this form or to supply the requested quaterial within two years from the mue the allegenous somied may render your claim "myalid". A claim is decreed presented when it is received by the appropriate agency, tiet when il is mailed.

Failure to specify a sum costain will result in invalid presentation of your claim And may result to forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estumate or other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch

Civil Division

U.S. Department of Justice

Washington, DC 20530

and to the

Office of Management and Budget

Paperwork Reduction Project (1105-0008)

Washington, DC 20503

INSURANCE COVERAGE

In order that subsequence claims be adjudge yield at its expected that the claims it provide the following information regarding the transmission of that we have a property

Do you tarry accident untrance? Yes, if yes give name and astrono of matrance company (Number, street, city, State, and Etp Code) and policy number.
 Named Insured: Sadia Begum

Medicaid ID No.: TB55119B

Card No .:

600486 8812 2551 193 02

16. Have you filed class on your insurance currier in this investors, and if so, is it fall coverage or deductivity

17. If deducable, suce amount

18. It claim has been tood with your carner, what action has your tracer taken or proposes to take with reference to your claim? (It is necessary that you uncertain these facts)

15 Do you carry public liability and property during immunice?

Yes, If yes, give name and address of minutese carrier (Number, street, city, State, and Zip Code)

SF 95 (Rev. 7-85) BACK

RIDER FOR MOTHER - SADIA BEGUM

6. Date and Day of Accident

During a continuous course of treatment during the prenatal course, labor, delivery, perinatal, neonatal and pediatric care of this infant who was born on 4/13/04.

7. Time

At all such times of day when care and treatment was rendered to the infant and his obstetrical mother by Bronx Lebanon Hospital personnel.

8. Basis of Claim

There was a failure on the part of medical care providers who were treating the obstetrical mother during the prenatal course to appropriately diagnose and treat elevated maternal glucose levels. There was a failure to assess fetal size; there was a failure to have a plan and scheme of management; there was a failure to appropriately treat gram positive beta strep; there was a failure to have appropriate personnel with appropriate training and qualifications to treat and care for the mother and infant during the prenatal labor, delivery and postnatal care; there was a failure to timely admit the patient upon her presentation to the hospital; there was a failure to appropriately assess fetal wellbeing; there was a failure to appreciate fetal heart decelerations; there was a failure to appropriately ascertain the location of the umbilical cord; there was a failure to appropriately and timely monitor the mother during this labor; there was a failure to have a qualified obstetrician present at the delivery; there was a failure to have an attending present ast the delivery; there was a failure to appreciate and treat a shoulder dystocia; there was a failure to timely and appropriately perform a cesarean section; there was failure to timely and appropriately perform an episiotomy; those delivering the infant negligently and carelessly allowed, caused and permitted this labor to continue and allowed, caused and permitted the infant to become stuck in the birth canal; there was a failure to oxygenate the infant; there was a failure to have appropriate personnel present to treat the baby upon its delivery; there was an inappropriate traumatic delivery of this infant; this infant was allowed, caused and permitted to suffer hypoxia and anoxia; delivering physicians allowed, caused and permitted the cord to become entrapped; there was a failure to

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Nature and Extent of Injury

That by reason of the carelessness and negligence of the Bronx Lebanon Hospital, individually, jointly and severally and through its agents, servants, employees and/or associates, the claimant, Sadia Begum, has been deprived of the services of the infant claimant, Shafayette Sakif, and has been and will be obliged to expend sums of money for his medical care and treatment. By reason of the foregoing, the claimant, Sadia Begum, individually, has been damaged in a substantial sum of money.

That by reason of the carelessness and negligence of Bronx Lebanon Hospital herein individually, jointly and severally and through its agents, servants, employees and/or associates, SADIA BEGUM was caused to sustain severe and significant emotional distress, injuries and damages as a result of the inappropriate and negligent medical care and treatment rendered to her and her infant at the time of his birth. That by the reason of the foregoing, SADIA BEGUM, individually, has been damaged in a significant sum of money.

CLAIM FOR DAMAGE, INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.				FORM APPROROVED OMB NO. 1105-6006 EXPIRES 5-31-05			
 Submit To Appropriate Foderal Agency: Dept. of Health & Hu 		 Name, Address of claiment and claiment's personal representative, any See instructions on reverse.) (Number, street city, State and Ep Mohammed Uddin, by his attorneys 					
Claims Branch, PSC/AOS/DAM			Pegalis & Erickson, Id				
Room 5C - 10, Parkla	wn Building		Suite 107, Lake Succes				
56 Fishers Lane			clie	ent resides a	t 1761	E. Byrne Avenu	
Rockville, MD 20857			Apt	4C. Bronx,	NY 1045	7-6915.	
	5/4/72 S.MA	RITAL STATUS Married	200000000000000000000000000000000000000	See Rider			
Basis of Claim (State in detail the kn place of accurrance and the cause thereo Mohammed Uddin has	iown facts and circumsti () (Use additional pages if i	unces attending the eccessary.)	e damage, injury	, or death, identifying	persons an		
concerning injurie Safayette Sakif, a medical care and t Lebanon Hospital 1	n infant and S reatment throu	ladia Begum igh the OB/	, the clai	mant's mother d	r herei epartme	n received a	
9.	ppopr.	RTY DAMAGE		-			
NAME AND ADDRESS OF OWNER, IF O			Dr. State and Tin C	Vode)			
Not applicable.							
10. STATE NATURE AND EXTENT OF EAC	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	RY/WRONGFUL					
NAME OF INJURED PERSON OR DECEI	DENT						
11. NAME	W	ITNESSES	4 Tylyn Eog	(Number, street, city, Str	-t / 7/- /	To day	
NAME		_	VDDKEZZ	raumber, street, city, 30	We, and Zip C	,nde/	
Maria Emerson, M.D., L. Iris Amarante, M.D., De Mauricio Silva, M.D. as were present in the lab room concerning the bir	ara Forester, M.D. nd all others who oor and delivery oth of this infant	t.	1650 Bron	x Lebanon Hespit Grand Concourse x, NY 10457			
12. (See instructions on reverse)		TOF CLAIM(In de	***	DE CELL	101 202		
12a. PROPERTY DAMAGE	125. PERSONAL INJU	KT	ize. WKONGFUL			TAL (Faivre to specify may rfeiture of your rights.)	
Not applicable,	Not applicable. \$10,000,000.00					000,000.00	
I CERTIFY THAT THE AMOUNT OF C ACCEPT SAID AMOUNT IN FULL SAT	ISFACTION AND FINA	L SETTLEMENT		to an an an an an annual transmission	NT ABOVE	AND AGREE TO	
134 SIGNATURE OF CLAIMANT (See in	structions on reverse side.)		64-04	13b. Phone pumber	of signatory	14. DATE OF CLAIM	
CIVIL PENALTY FOR PRESENTING			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT			TER AND ELS PARE	
				A F DEN AT THE PARTY IN		T PER A PURIOUS PE	

United States. (See 31 U.S.C. 3729.)

NSN 7540-08-634-4046

FRAUDULENT CLAIM

The claiment shall forfest and pay to the United States the sum of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the

STANDARD FORM 95 (Rev. 7-85) PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

CLAIM OR MAKING FALSE STATEMENTS Impresonment for not more than five years and shall be subject to a fine of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages

susuaced by the United States. (See 18 U.S.C.A. 787.)

Previous editions not usable

PRIVACY ACT NOTICE.

This Notice is provided in accordance with the Privacy Aet, 5 U.S.C 552a(e)(3). and concerns the information requested in the letter to which this Notice is affected A Mathemy The requiring information is solutied pursuent to one or more of the following: 5 U.S.C. 301, 26 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- 8. Principal Furgue: The information requested is to be used in evaluating claims. C. Rowing Use: See the Notices of Systems of Rotterds for the agency to whom you are subsusting this form for this information.
- D. Effect of Fathere to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim. "invalid"

INSTRUCTIONS

Complete all items - Insert the word NONE where applicable A CLAIM SHALL HE DEFINED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAEMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 93 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR

MONEY DAMAGES IN A SUM CENTAIN FOR INJUNY TO OR LOSS OF Any instructions of information ascensivy in the preparation of your claim will be furturbed, upon propert, by the office industrial us your #1 on the reverse side. Complete regulations pertaining to claims agrented under the Frideral Tot. Claims Act on: be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency

The claim may be faint by a duly authorized agost or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the clausacte. A claim presented by an agent or legal representative times be presented in the rurne of the claurers. If the claur is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompassed by evidence of higher authority to present a claim on behalf of the clustrast as agent, executor, administrator, parent, guardian or other representative

If claimant intents to file claim for both personal wyary and property damage, claim for both page by above as learn #12 of this fond.

The among claimed should be substantiated by competent evalence in follows: (a) In support of the class for personal saying or death, the clasmant should submut a written report by the afterstring physician, showing the ruture and extent of tribery, the names and extent of restment, the degree of permanent disability, if any, the programs, and the period of bospitalustion, or incapacitation, attaching iterazed bills fre medical, hospital, or burns expenses actually recurred.

PROPERTY, PERSONAL INTURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT, THE GLAIM MUST BE PRESENTED TO THE APPROPRIATE PEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

(b) In support of claume for damage to property which has been or due be economically espaired, the claimant should subtrul at least two menuted signed statements or estimates by reliable, distaterested concerns, or, if payment has been made, the itemated signed receipts evidenting payment.

(a) In support of claims for damage to property which is not economically repairable, or if the property is but or destroyed, the claurant should robust statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the wonders. Such statements should be by distributioned evenpetent. persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more compensive builders, and should be certified so being just and correct.

(d) Failure to craspletely execute this form or to emply the requested material within two years from the date the allegations somied may render your claim "greatid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim And may routh in forfeiture of your rights.

Public reporting bunden for this collection of information is essented to average 15 manutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining this data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch

Civil Division

U.S. Department of Justice

Washington, DC 20530

and to the Office of Management and Budget Paperwork Reduction Project (1105-0008) Washington, DC 20503

INSURANCE COVERAGE

to at	der tim accession etaile at reserve	creating to be agreement from the	e claimack because the	folio-the inhematic	in regulations the o	ANTIATION COMMITTEE OF	her vergote or pr	repart
15.	Do you sarry accident instrume?	Yes, if yes give name w	nd address of staurance	company (Number,	meet, alty, Stove	and Zip Code; MA	policy number.	No

36.	Have you filed clean on your instrume carrier in this pulsance, and if so, is it full coverage or departitle?	17. If deductible, state amount	
	.7		

18. If claim has been feed with your current, what action has your uponer taken or proposes to take with reference to your claim? (If it secessary that you accertain these facts)

19. Do you carry public babdity and properly damage trattance? Yes, If yes, give runse and address of sourcines carries (Number, street, esty. State, and Zip Code)

SF 95 (Rev. 7-85) BACK

RIDER FOR FATHER - MOHAMMED UDDIN

6. Date and Day of Accident

During a continuous course of treatment during the prenatal course, labor, delivery, perinatal, neonatal and pediatric care of this infant who was born on 4/13/04.

7. Time

At all such times of day when care and treatment was rendered to the infant and his obstetrical mother by Bronx Lebanon Hospital personnel.

8. Basis of Claim

There was a failure on the part of medical care providers who were treating the obstetrical mother during the prenatal course to appropriately diagnose and treat elevated maternal glucose levels. There was a failure to assess fetal size; there was a failure to have a plan and scheme of management; there was a failure to appropriately treat gram positive beta strep; there was a failure to have appropriate personnel with appropriate training and qualifications to treat and care for the mother and infant during the prenatal labor, delivery and postnatal care; there was a failure to timely admit the patient upon her presentation to the hospital; there was a failure to appropriately assess fetal wellbeing; there was a failure to appreciate fetal heart decelerations; there was a failure to appropriately ascertain the location of the umbilical cord; there was a failure to appropriately and timely monitor the mother during this labor; there was a failure to have a qualified obstetrician present at the delivery; there was a failure to have an attending present ast the delivery; there was a failure to appreciate and treat a shoulder dystocia; there was a failure to timely and appropriately perform a cesarean section; there was failure to timely and appropriately perform an episiotomy; those delivering the infant negligently and carelessly allowed, caused and permitted this labor to continue and allowed, caused and permitted the infant to become stuck in the birth canal; there was a failure to oxygenate the infant; there was a failure to have appropriate personnel present to treat the baby upon its delivery; there was an inappropriate traumatic delivery of this infant; this infant was allowed, caused and permitted to suffer hypoxia and anoxia; delivering physicians allowed, caused and permitted the cord to become entrapped; there was a failure to

appreciate a nuchal cord; there was a failure to reduce a nuchal cord; there was inappropriate maneuvers to deliver this infant; there was a failure to appropriately perform a McRoberts and/or Woods Maneuver; there was a failure to appropriately position the patient; there was a failure to appropriately apply suprapubic pressure; there was a failure to appreciate a 5 minute deceleration of the fetal heart beat prior to delivery to 70 beats per minutes and there was a failure to appropriately appreciate a repeated 5 minute deceleration down to 50 beats per minute and there was a failure to appreciate a low fetal heart rate of 90 beats per minute for a prolonged period of time. There was a failure to have a pediatrician and neonatologist present in the delivery room to appropriately intubate and resuscitate this infant. Those involved with the labor and delivery of this infant include the following: Maria Emerson, M.D., Lawrence Ham, M.D., Iris Amarante, M.D., Dara Forester, M.D., Mauricio Silva, M.D. and others whose names appear in the medical records for these patients and who identities are unknown to the claimant at this time. Claimant anticipates further details will be discovered regarding the negligent care and treatment rendered to this obstetrical mother and this infant claimant upon appropriate discovery. The treatment rendered was also without an informed consent.

Nature and Extent of Injury

That by reason of the carelessness and negligence of Bronx Lebanon Hospital, individually, jointly and severally and through its agents, servants, employees and/or associates, the claimant, Mohammed Uddin, has been deprived of the services of the infant claimant, Shafayette Sakif, and has been and will be obliged to expend sums of money for his medical care and treatment. By reason of the foregoing, the claimant, Mohammed Uddin, individually, has been damaged in a substantial sum of money.

EXHIBIT E

DEPARTMENT OF HEALTH & HUMAN SERVICES

LETTER - DATED MARCH 23, 2005

Case 1:06-cv-02719-AJP Document 20 Filed 05/18/2007 Rec Page 15 of 17 Case 1:06-cv-02719-AJP Rockville, Maryland 20857

(301) 443-1905 (301) 443-8514 (FAX)

March 23, 2005

Refer to: 05-0168, 0169 & 0170

Annamarie Bondi-Stoddard, Esquire PEGALIS & ERICKSON, LLC 1 Hollow Lane, Suite 107 Lake Success, New York 11042

> RE: Sadia Begum and Mohammed Uddin, parents and natural guardians of Shafayette Sakif, and Sadia Begum, individually, and Mohammed Uddin, individually

Dear Ms. Bondi-Stoddard:

This will acknowledge receipt of your clients' claims (3) and one copy of pertinent medical records for personal injury as the result of medical treatment rendered mother and baby by employee(s) of the Bronx-Lebanon Hospital Center, a subgrantce of Bronx-Lebanon Integrated Services System, Inc., (BLISS, Inc.). Your clients' claims were received in this office on March 22, 2005 for consideration and reply.

The Federally Supported Health Centers Assistance Act of 1992, Public Law No. 102-501, 42 U.S.C. 233 (g)(k), and the amended Federally Supported Health Centers Assistance Act of 1995 Public Law No. 104-73, 42 U.S.C. 201, provides that the Federal Tort Claims Act is the exclusive remedy for injuries, including death, caused by employees of a deemed community health center which occurred on or after January 1, 1993 or when the Health Center was deemed eligible for coverage. The above named health center was deemed eligible for FTCA coverage on January 1, 2004. Therefore, your clients' claims have been appropriately filed in this office with regards to the deemed health center and its employees for the time period beginning January 1, 2004.

Please forward any additional substantiating evidence directly to this office at the address listed above. Two copies of medical records pertaining to the child's current medical condition should be forwarded to us as soon as possible.

When the medical review is completed by an appropriate specialist, you will be notified in writing. However, should the six month statute expire before the completion of the medical review, you may consider the claims deemed denied and file suit in the appropriate U.S. District Court (45 C.F.R. 35.2(b) and 28 U.S.C. 2675 (a)).

EXHIBIT F

DEPARTMENT OF HEALTH & HUMAN SERVICES

LETTER - DATED MAY 19, 2006

Office of the General Counsel General Law Division



DEPARTMENT OF HEALTH & HUMAN SERVICES

330 Independence Avenue, S.W. Rm. 4760 Wilbur J. Cohen Federal Building Wishington, DC 20201

MAY 1 9 2006

CERTIFIED-RETURN RECEIPT REQUESTED

Annamaric Bondi-Stoddard, Esquire PEGALIS & ERICKSON, LLC 1 Hollow Lane Lake Success, NY 11042

Da

Administrative Tort Claim of Sadia Begum and Mohammed Uddin, Individually and

as Natural Parents and Guardians of Shafayette Sakif

Claim Nos. 05-0168, 0169 and 0170

Dear Ms. Bondi-Stoddard:

On March 17, 2005, you filed an administrative claim on behalf of your clients. Sadia Begum and Mohammed Uddin, individually and as natural parents and guardians of Shafayette Sakif, under the Federal Tort Claims Act, 28 U.S.C. §§ 1346(b), 2401(b), 2671-80. The administrative claim alleges that as a result of negligent management of Ms. Begum's labor and delivery at Bronx-Lebanon Hospital Center on April 13, 2004 your clients incurred personal injuries.

This letter constitutes the notice of final determination on the claim, in accordance with 28 U.S.C. § 2401(b). On April 7, 2006, you filed suit in the United States District Court, Southern District of New York, on behalf of Sadia Begum and Mohammed Uddin, individually and as natural parents and guardians of Shafayette Sakif. Accordingly, your clients' administrative claim is denied.

I am required by law to inform you that if your clients are dissatisfied with this determination, they are entitled to file suit against the United States in the appropriate federal district court within six (6) months from the date of the mailing of this determination. 28 U.S.C. § 2401(b).

Very truly yours.

Lisa Barsoomian

Deputy Associate General Counsel Claims and Employment Law Branch

Lisa Barcoomian (ly RB)